

**Mail or Fax Completed Form To:**

RDS  
Business License Dept.  
PO Box 830900  
Birmingham, Alabama 35283-0900  
Fax Number 205-423-4099  
Phone 800-556-7274

**Application for Temporary Business License**  
**ALL FIELDS MUST BE COMPLETED**  
**Application Good for 30 Days Upon Receipt of Payment**  
**Application must be signed by applicant and City Official**  
**See Reverse Side for Instructions**  
**And Further Information**

Name of Municipality: \_\_\_\_\_

License Year \_\_\_\_\_

Application Type: ☐ Renewal ☐ New Business ☐ Name Change ☐ Owner Change ☐ Location Change

RDS Acct Number: \_\_\_\_\_ Date Business Activity Initiated/Proposed: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Form of Ownership (Check One) Required: ☐ Sole Proprietorship ☐ Corporation ☐ LLC-Single Member ☐ LLC -Multi Member  
☐ LLP (Limited Liability Partnership) ☐ General Partnership ☐ Governmental Agency  
☐ Professional Association ☐ Other: \_\_\_\_\_

Legal Business Name: \_\_\_\_\_

Trade Name / DBA: \_\_\_\_\_ (If different from legal name.) Email Address: \_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Business Type: ☐ Retail ☐ Wholesale ☐ Bldg Contractor ☐ Service ☐ Professional ☐ Manufacturer ☐ Rental  
☐ Other \_\_\_\_\_ Describe the business you are conducting: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Physical Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone: \_\_\_\_\_  
(Business) (Home) (Cell) (Fax)

Name/Phone # for Contact Person: \_\_\_\_\_ ( ) Title: \_\_\_\_\_

List Names of Owners(s), Partners, or Officers (Attach Separate Sheets if Necessary)

Name	Residence Address	SSN	Title
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**Sworn Statement:** This application has been examined and is, to the best of my knowledge, a true and complete representation of the above named entity and person (s) listed. Failure to sign and date this application will make the application invalid. This application is only good for 30 days upon receipt of payment. I understand issuance of license does not permit business operation unless business is properly zoned and/or in compliance with all applicable laws/rules.

Issuance of a business license by RDS does not permit business operation unless the business is properly zoned and/or in compliance with all applicable laws/rules.

**Returned Check Disclaimer:** Effective July 1, 2010, each returned item received by RDS due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. RDS is not responsible for any additional bank fees that will accrue due to there submission of the returned item. Please see the full returned check policy at [www.revds.com/taxpayer/return-check-disclaimer](http://www.revds.com/taxpayer/return-check-disclaimer).

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**\*This Section for Municipal Use Only\***Use below chart in order to calculate business license. If you do not have a copy of a fee schedule, you may view it at [www.revds.com](http://www.revds.com).

Physical Location: Incorporated City Limits \_\_\_\_\_ Police Jurisdiction \_\_\_\_\_ Outside Corporate Limits &amp; Outside PJ \_\_\_\_\_

**\*\*Reminder\*\*** Businesses located within the PJ are charged one-half the normal rate.

Column A	Column B	Column C	Column D	Column E	Column F	Column G
Section Number	Type of License	Gross Receipts (If Required)	Unit Amount (Applies if fee is based upon a "number" of units)	Flat/Base Fee	Additional Amount Due Based On Calculation	License Fee Due
Report all types of business conducted				Add column E & F enter total in column G then add down		

Penalty Info: \_\_\_\_\_

Issuance Fee: \_\_\_\_\_

Total Collected: \_\_\_\_\_

Municipality, **DO NOT MAIL CASH.** Have checks made payable to: Tax Trust Account and mail along with application to address indicated above.

Payment Method: Check OR Cash (Circle One) Payment Forwarded to RDS: Yes OR No (Circle One)

Municipal Signature: Reviewed / Collected By: \_\_\_\_\_ Date: \_\_\_\_\_